

Date LSIT Certified \_\_\_\_\_

LSIT Number \_\_\_\_\_

State of Rhode Island and Providence Plantations  
**STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS**  
1 Capitol Hill, 3rd Floor, Providence, RI 02908  
Phone (401) 222-2038 Fax (401) 222-5744

**APPLICATION FOR REGISTRATION AS A**

# **LAND SURVEYOR-IN-TRAINING**

**IMPORTANT: Do not fill out this application until you have read and understand this form and the enclosed "Instruction Sheet". This application must be TYPEWRITTEN.**

APPLICATION FEE: \$100.00 (RI Resident Applicants) \$150.00 (Out-of-State Applicants)

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**(Do Not Write Above This Line)**

## **I. CLASSIFICATION**

I am applying for Certification as a Land Surveyor-in-Training in the State of Rhode island under the provisions of Section 5-8.1-9 of Rhode Island General Laws titled application and qualification for registration (copy enclosed) as amended under the classification checked below. Please check only **one**.  
**\* IF YOU ARE APPLYING UNDER SECTION 2 OR 4, YOU MUST SUBMIT COLLEGE OR UNIVERSITY TRANSCRIPTS OF COURSES COMPLETED.**

**Graduation: Land Surveyor-in-Training (LSIT)**

- ☐ 1. Graduate of an approved four (4) year land surveying curriculum  
☐ 2. Graduate of an approved four (4) year related curriculum \*  
☐ 3. Graduate of an approved two (2) year land surveying curriculum (Associates Degree) with an additional two (2) years experience.  
☐ 4. Graduate of an approved two (2) year related curriculum (Associates Degree) with an additional two (2) years experience. \*

**Experience: Land Surveyor-in-Training (LSIT)**

- ☐ 5. Person acquiring at least twelve (12) years active office and field experience. (This sub- section (5) expires June 30, 2002.)  
☐ 5(A). Person acquiring at least six (6) years active office and field experience in special circumstances only

I am enclosing a check ( ) or money order ( ) for ( ) \$100.00 (RI Resident Applicants) ( ) or \$150.00 (Out-of-State Applicants) payable to General Treasurer, State of RI.

## **II. GENERAL INFORMATION**

1. Name \_\_\_\_\_  
First Middle Last
- \*Please Check Preferred Mailing Address
2. Residence Address \_\_\_\_\_ \*  
Residence Phone \_\_\_\_\_
3. Name of Employer \_\_\_\_\_ \*  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_
4. Date of Application \_\_\_\_\_
5. Date & Place of Birth \_\_\_\_\_
6. Citizen of \_\_\_\_\_
7. Social Security # \_\_\_\_\_

Affix in this space an un-mounted, recognizable recent photograph with face no less than 3/4 3/4 inches wide.  
**Professional passport type required. Do not use staples** when attaching photograph.  
**Paste or cellophane tape** may be used.

## II. GENERAL INFORMATION (Continued)

8. Have you taken a Land Surveyor-in-Training exam?\_\_\_\_\_ If yes, give name of state(s), year & certificate number \_\_\_\_\_
9. Have you ever had LIST certifications refused or revoked or had disciplinary actions taken in any state? \_\_\_\_\_  
If yes, attach a statement giving full particulars.
10. What is your present occupation & position title? \_\_\_\_\_
11. Professional Surveying organizations to which you belong \_\_\_\_\_

## III. EDUCATION

### 1. School and College: Nature and extent of your education

| Name & Address of Institution | Years Attended<br>From To | Date of<br>Graduation | Course<br>Completed | Degree<br>Granted |
|-------------------------------|---------------------------|-----------------------|---------------------|-------------------|
| A. High School                |                           |                       |                     |                   |
| B. Preparatory School         |                           |                       |                     |                   |
| C. College or University      |                           |                       |                     |                   |
|                               |                           |                       |                     |                   |

2. Identify surveying courses included in the education shown above and any other surveying courses that you have taken\_\_\_\_\_

3. Please supply the Board with any additional information, courses or seminars you have completed that would be helpful in the review of your application\_\_\_\_\_

## IV. REFERENCES

List your references below. Do not name members of the Board, relatives, business partners or any one listed in Section V. Three references are required, one of which must be a Licensed Professional Land Surveyor. When you receive your application, the reference forms included with your application should be delivered to your references by you, filled out by them and they must return the form directly to the Board office. **It is your responsibility to check with your references and make sure that all replies are returned to the Board by the appropriate deadline.**

| NAME | ADDRESS | LICENSE # & STATE |
|------|---------|-------------------|
| 1.   |         |                   |
| 2.   |         |                   |
| 3    |         |                   |

## V. EXPERIENCE RECORD

**INSTRUCTIONS: Do not fill out until you read and understand this section.** Show your most recent experience under Key 1 and work backward. Additional Key Numbers may be shown on a separate sheet. For each Key Number covering surveying experience, supplemental information **MUST BE FURNISHED** describing in a narrative manner, the surveying work performed by you. Supplemental information should include copies of field notes, calculations and plans made by you. All material should be typed on 8 1/2" x 11" sheets or folded to this size and signed by the applicant and the total weight should not exceed one pound. Select representative material within this limit. **SUPPLEMENTAL INFORMATION CANNOT BE RETURNED.**

| A | B                         | C                       | D                                       | E   | F   | G                                      | H                        | I                | J  |
|---|---------------------------|-------------------------|---|---|---|--|--------------------------|------------------|--|
|   | Date<br>From<br>Mo. & Yr. | Date<br>To<br>Mo. & Yr. | Total<br>Elapsed<br>Time<br>Yrs. & Mos. | Length<br>of Time<br>Surveying<br>Work<br><b>Field</b><br>Yrs. & Mos. | Surveying<br>Work<br><b>Office</b><br>Yrs. & Mos. | Surveying<br>Experience<br>Yrs. & Mos. | Title of<br>Position (s) | Name of Employer | Name, address, zip code of your<br>immediate supervisor. If not a<br>Licensed Professional Land<br>Surveyor (PLS), also furnish name<br>& license number of PLS under<br>whose supervision you were<br>employed. |
| 1 |                           |                         |   |   |   |  |                          |                  |  |
| 2 |                           |                         |   |   |   |  |                          |                  |  |
| 3 |                           |                         |   |   |   |  |                          |                  |  |
| 4 |                           |                         |   |   |   |  |                          |                  |  |
| 5 |                           |                         |   |   |   |  |                          |                  |  |
| 6 |                           |                         |   |   |   |  |                          |                  |  |

TOTAL \_\_\_\_\_

## VI. AFFIDAVIT

(To be made before a Notary Public or other official qualified by law to administer oaths.)

The undersigned, being duly sworn, upon his oath deposes and says that the foregoing statements to the best of his knowledge and belief are true and made in good faith.

State of \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that \_\_\_\_\_ personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instruments as his free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Application Mailed \_\_\_\_\_

Date Application Received \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Check No., Amount \_\_\_\_\_

Considered by the Board \_\_\_\_\_

Action of the Board \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Interview Held \_\_\_\_\_

Land Surveyor-in-Training Examination given:

Date \_\_\_\_\_ State \_\_\_\_\_ Score \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_\_ Score \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_\_ Score \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_\_ Score \_\_\_\_\_

Date LSIT Certified \_\_\_\_\_ LSIT Certification Number \_\_\_\_\_ Certificate Mailed \_\_\_\_\_

Secretary's Notes:

# STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS

## INSTRUCTION SHEET

### LAND SURVEYOR-IN TRAINING APPLICATION

ALL APPLICATIONS RECEIVED BY THE BOARD MUST BE **TYPED IN FULL**. ANY APPLICATIONS RECEIVED THAT ARE NOT TYPED WILL BE RETURNED.

#### FEE FOR APPLICATION

|                         |           |
|-------------------------|-----------|
| RI Resident Applicants  | \$ 100.00 |
| Out-of-State Applicants | \$ 150.00 |

This fee must accompany the application.

Checks should be made payable to: **General Treasurer, State of RI.**

Should the Board deny entrance to an examination to any applicant, the initial fee deposited shall be retained as an "application fee".

Please return the **ORIGINAL** application and make a copy for your records.

#### IMPORTANT NOTICE REGARDING CUT-OFF DATES

January 1st is the CUT-OFF DATE for the April examination.

August 1st is the CUT-OFF DATE for the October examination.

**THE FILING DATE OF AN APPLICATION MUST BE A MINIMUM OF  
THREE (3) MONTHS BEFORE THE CUT-OFF DATE.**

#### ADDITIONAL INSTRUCTION FOR COMPLETING APPLICATION

1. **Classification:** Self-explanatory.

2. **General Information:** Self-explanatory.

3. **Education:** Self-explanatory. The Board is particularly interested in an Associate or Bachelor of Science Degree in Land Surveying.

4. **References:** List three (3) people who can be used as references; one of which must be a registered Professional Land Surveyor. Do **not** name members of the Board, relatives, business partners or anyone listed in Section V. Indicate their names, addresses and present position. You are to send each of these three people one of the enclosed General Information forms so that they can complete and return it to our office. Applicants must mail endorsement forms to those persons who are listed as references. Endorsements must be mailed directly to the Board by such persons and **not by the applicant**.

5. **Professional Experience:** This section deals with work experience regarding land surveying. For each engagement, you must list the dates that you were at the particular job, the position held, the name of the employer and the name and **full** address of your immediate supervisor. The time spent at each engagement must be broken down into sections as indicated on the application. Give a total at the bottom of the columns indicated.

**STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS**

**INSTRUCTION SHEET - PAGE 2**

**LAND SURVEYOR-IN TRAINING APPLICATION**

6. **Affidavit:** This section must be completed in the presence of a Notary Public.

7. **Supplemental Information Form:** Self-explanatory. The supplemental information form must be completed and returned with the application.

**EXPLANATION**

The State Board of Registration for Professional Land Surveyors cannot act on your application nor admit you to an examination until every aspect of your application is complete. **The major steps in this process are as follows:**

**READ THE FOLLOWING CAREFULLY:**

1. The application form. Itself, as executed by you must be complete and correct in every respect before it will be accepted.
2. The General Information forms from your endorsers as listed on your application must be received.
3. The Board's formal requests to Boards of Registration in other states for verification of examinations you have taken in the past and the scores thereon, must be received and accepted.
4. The Board's formal requests to those institutions of higher learning, as listed on your application form, for verification of degrees earned by you and the dates thereof, must be received and accepted.

The Board requires that those applicants whose degrees were earned at foreign institutions must have their education evaluated through Engineering Credentials Evaluation International (ECEI).

Please contact the ECEI by mail at 211 East Lombard Street #357, Baltimore, MD 21202 or by telephone at (410) 347-7738 or Fax (410) 625-2238. ECEI will provide you with an ECEI Evaluation Application so that you can supply them with the information they will need to evaluate your education.

SEVERAL of the above steps in the process of completing applications are completely beyond the control of this Board. Consequently, the Board cannot make any determination whatever as to the length of time prior to the cut-off dates that your application form must be received in order that you may sit for the next corresponding examination.

The Board simply states the following:

If your application is complete in every respect, as described above, before January 1st, the Board will have an opportunity to consider your application and advise you as to whether or not you may sit for the April examination.

Likewise, if your application is complete in every respect, as described above, before August 1st, the Board will have an opportunity to consider your application and advise you as to whether or not you may sit for the for the October examination.

Your application will be valid for two (2) years from the date of completion.

**ALL APPLICANTS WILL BE CALLED IN FOR AN INTERVIEW BEFORE THE BOARD TO FURTHER DISCUSS YOUR EXPERIENCE AND QUALIFICATIONS.**

**STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS**

Boards for Design Professionals  
1 Capitol Hill, 3rd Floor  
Providence, RI 02908  
(401) 222-2038  
(401) 222-5744

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT:** You must type/print name & address of reference person in the spaces above. Without this information, this form cannot be processed,

Dear Sir or Madam:

An application for a certificate of qualification as a **LAND SURVEYOR-IN-TRAINING** has been filed with this Board by:

\_\_\_\_\_  
Applicant's Name

The above-named applicant for examination/license has requested a Reference Statement from you and has referred to you as one having personal knowledge of his/her character and professional experience.

Your prompt return of this Statement, duly completed, will greatly assist the Board when considering the application. Your Reference Statement will be treated by the Board as confidential information. This Statement must be received in the Board office by \_\_\_\_\_ if applicant is to be considered for the next scheduled examination.

The State Board of Registration for Professional Land Surveyors is required by statute to obtain evidence of the professional experience and good character of all applicants for license as Land Surveyors-in-Training. Statements by responsible persons with actual knowledge of the experience and qualifications of the applicant will be considered by the Board as meeting this provision of the law.

Practice in the profession of Land Surveying involves relationships with the public that necessitate a high degree of honor, integrity and professional ability. The State Board of Registration for Professional Land Surveyors trusts that when completing this Statement, you fully understand that the purpose of the law is to protect the public from the practice of Land Surveying by persons who are not competent to engage in such practice.

Both the applicant and the Board will appreciate your cooperation in promptly furnishing the information requested.

Very truly yours,

Secretary

**PLEASE RETURN THIS STATEMENT DIRECTLY TO:**

**STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS**  
**Boards for Design Professionals, 1 Capitol Hill, 3rd Floor, Providence, RI 02908**

Reference Form: **LAND SURVEYOR-IN-TRAINING**

**Please type or print your response. Endorser may be requested to substantiate any statement made herein.**

**STATEMENT OF ENDORSER: (NOT TO BE FILLED IN THE PRESENCE OF THE APPLICANT)**

1. What is your business or profession? \_\_\_\_\_
2. During what years did you know the applicant? \_\_\_\_\_
3. Are you related? \_\_\_\_\_ If yes, how? \_\_\_\_\_
4. Association with Applicant (check all that apply) a. EMPLOYER \_\_\_\_\_ b. SUPERVISOR \_\_\_\_\_  
c. SUBORDINATE \_\_\_\_\_ d. SOCIAL COLLEAGUE \_\_\_\_\_ e. INSTRUCTOR \_\_\_\_\_  
f. OTHER (Specify) \_\_\_\_\_
5. Give your estimate of the applicant's character and business integrity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. To your knowledge, does the applicant have practical experience in deed research, drafting of deed description, etc. preparatory to the conveyance of land? Yes \_\_\_\_\_ No \_\_\_\_\_
7. To your knowledge, is the applicant adequately informed of the rules of evidence and boundary law to effectively perform the duties ordinarily required of a Land Surveyor-in-Training? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you feel the Applicant is qualified to be certified as a Land Surveyor-in-Training in this State/Jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Give additional information which you believe may be of service to the Board in considering the application. \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Signature \_\_\_\_\_

Name (Print or type) \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Date \_\_\_\_\_

If you are licensed, please fill in below:

Licensed Professional Land Surveyor                      Number \_\_\_\_\_ State \_\_\_\_\_

Licensed Professional Engineer & Land Surveyor      Number \_\_\_\_\_ State \_\_\_\_\_



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f. OTHER (Specify) \_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
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7. To your knowledge, is the applicant adequately informed of the rules of evidence and boundary law to effectively perform the duties ordinarily required of a Land Surveyor-in-Training? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you feel the Applicant is qualified to be certified as a Land Surveyor-in-Training in this State/Jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Give additional information which you believe may be of service to the Board in considering the application. \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Name (Print or type) \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Date \_\_\_\_\_

If you are licensed, please fill in below:

Licensed Professional Land Surveyor                      Number \_\_\_\_\_ State \_\_\_\_\_

Licensed Professional Engineer & Land Surveyor      Number \_\_\_\_\_ State \_\_\_\_\_

**STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS**

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8. Do you feel the Applicant is qualified to be certified as a Land Surveyor-in-Training in this State/Jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Give additional information which you believe may be of service to the Board in considering the application. \_\_\_\_\_  
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\_\_\_\_\_

Signature \_\_\_\_\_

Name (Print or type) \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Date \_\_\_\_\_

If you are licensed, please fill in below:

Licensed Professional Land Surveyor                      Number \_\_\_\_\_ State \_\_\_\_\_

Licensed Professional Engineer & Land Surveyor      Number \_\_\_\_\_ State \_\_\_\_\_

# STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS

## SUPPLEMENTAL INFORMATION FORM

PLEASE LIST EACH AND EVERY TIME THAT YOU HAVE TAKEN THE **FUNDAMENTALS OF LAND SURVEYING (LSIT)**, AND/OR THE **PRINCIPLES & PRACTICE OF LAND SURVEYING (PLS)** AND/OR THE **RI PLS PORTION** EXAMINATION(S).

**COMPLETE ALL INFORMATION REQUESTED BELOW.**

| EXAM | DATE | STATE | RESULTS (pass/fail) |
|------|------|-------|---------------------|
|      |      |       |                     |
|      |      |       |                     |
|      |      |       |                     |
|      |      |       |                     |
|      |      |       |                     |
|      |      |       |                     |
|      |      |       |                     |
|      |      |       |                     |
|      |      |       |                     |

**If you do not know the exact dates or locations, fill in the following:**

I have taken the Fundamentals (LSIT) exam a total of \_\_\_\_\_ times.

I have taken the Professional Land Surveyors (PLS) exam a total of \_\_\_\_\_ times.

I have taken the RI Professional Land Surveyors Portion (PLS) exam a total of \_\_\_\_\_ times.

I am the applicant named in this application and to the best of my knowledge and belief, the above foregoing statements are true and correct in every respect.

---

Applicant's signature

---

Date

---

Applicant's name printed

---

Social Security Number